ANDERSON, ECKSTEIN & WESTRICK, INC.
CIVIL ENGINEERS SURVEYORS ARCHITECTS
51301 SCHOENHERR RD. SHELBY TOWNSHIP, MI 48315
www.aewinc.com p(586)726-1234

INVOICE

April 01, 2025
Project No: 0160-0479-0
Invoice No: 157179

CITY OF GROSSE POINTE WOODS
ACCOUNTS PAYABLE
20025 MACK AVENUE
GROSSE POINTE WOODS, MI 48236-2397

Project 0160-0479-0 GHESQUIERE & LAKEFRONT PARK BLDG RENO

Professional Services from February 10, 2025 to March 09, 2025

Phase 01 LAKEFRONT PARK
PURCHASE ORDER NO. 24-48614

Fee

Total Fee	25,000.00				
Percent Complete	100.00	Total Earned		25,000.00	
		Previous Fee Billing		25,000.00	
		Current Fee Billing		0.00	
		Total Fee			**0.00**

Reimbursable Expenses

REIMBURSABLE OTHER EXPENSE

2/12/2025	CITY OF ST. CLAIR SHORES	ZBA Application	300.00	
2/14/2025	CAPITAL ONE SPARK CARD	City of SCS - Plan Reviews Fee	103.00	
	Total Reimbursables		**403.00**	**403.00**
		Total this Phase		**$403.00**

Phase 03 LAKEFRONT CA

Fee

Total Fee	13,333.00			
Percent Complete	25.00	Total Earned	3,333.25	
		Previous Fee Billing	0.00	
		Current Fee Billing	3,333.25	
		Total Fee		**3,333.25**
		Total this Phase		**$3,333.25**
		Total this Invoice		**$3,736.25**

PO 48614
401-902-977.104
OK-J.K
SS
Fg. 5-1-25

RECEIVED
MAY 02 2025
CITY OF GROSSE POINTE WOODS
CLERK'S DEPARTMENT

Please include the project number and invoice number on your check.

ANDERSON, ECKSTEIN AND WESTRICK, INC.

CHECK REQUEST FORM

DATE: 2/12/25

PAYABLE TO: ADDRESS: CITY OF ST. CLAIR SHORES
27600 JEFFERSON AVE
ST. CLAIR SHORES, MI 48081

AMOUNT: $300.00

REASON: ZBA APPLICATION

needs today

PROJECT # 0160-0479

☒ Reimbursable ☐ Non-Remibursable

REQUESTED BY: JRA

APPROVED BY: _____
Supervisor's Signature

☐ Please Mail Check

☒ Please Give Check To: JRA

SPECIAL REQUEST: _____

DATE CHECK NEEDED BY _____

City of St. Clair Shores
27600 Jefferson Circle Drive
St. Clair Shores, MI 48081-2093
PHONE: 586-447-3340

Invoice For Permit: PB250061
Print Date: 01/29/2025

0160-0479-0
Reimb

VAH AEW credit card

AEW
51301 SCHOENHERR
SHELBY TWP MI 48315

	Invoice No	Invoice Date	Permit Number	Address	Amount Due
	00239446	01/30/25	PB250061	23000 JEFFERSON AVE	$ 100.00

Fee Details:	Quantity	Description	Amount Cost	Balance
	100.000	PLAN REVIEW FEES - COMM/IND	$100.00	$ 100.00

TOTAL AMOUNT DUE: $ 100.00

$103.00

NOT A PERMIT
RECEIPT ONLY

CITY OF ST. CLAIR SHORES
27600 JEFFERSON CIRCLE DRIVE
ST. CLAIR SHORES, MICHIGAN
48081-2095
Phone : 586-447-3317
E-Mail : BEBOMASTER@SCSMI.NET
WWW.SCSMI.NET

Received From: ALB
Date: 01/30/2025 Time: 8:45:56 AM
Receipt: 91449591
Cashier: Schneidberg

ITEM REFERENCE	AMOUNT
BDINV Building Invoice	
00229446	$100.00
SUB-TOTAL	$100.00
Total Tendered:	$100.00
ORDER #: 176086226	
Credit Card Type Visa	
CC Processing Fee	$3.00
CREDIT CARD XXXXXXXXXXXX6441	
Grand Total:	$103.00
Change:	$0.00

Signature